Standards Implementation Workgroup
Draft Transcript
March 30, 2010

Presentation

Judy Sparrow – Office of the National Coordinator – Executive Director
Good morning, everybody, and welcome to the HIT Standards Committee Implementation Workgroup. This is a federal advisory committee, so there will be opportunity at the close of the call for the public to make comments. Let me do a quick roll call. Aneesh Chopra?

Aneesh Chopra – White House – CTO
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
John Halamka? He's on route to a meeting. Lisa Carnahan?

Lisa Carnahan – National Institute of Standards Technology – Chair
Present.

Judy Sparrow – Office of the National Coordinator – Executive Director
Anne Castro?

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect
Present.

Judy Sparrow – Office of the National Coordinator – Executive Director
Carol Diamond? John Derr?

John Derr – Golden Living LLC – Chief Technology Strategic Officer
Present.

Judy Sparrow – Office of the National Coordinator – Executive Director
Jamie Ferguson?

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy
Present.

Judy Sparrow – Office of the National Coordinator – Executive Director
Linda Fischetti?

Linda Fischetti – VHA – Chief Health Informatics Officer
Present.

Judy Sparrow – Office of the National Coordinator – Executive Director
Liz Johnson?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Present.

Judy Sparrow – Office of the National Coordinator – Executive Director
Judy Murphy?

Judy Murphy – Aurora Healthcare – Vice President of Applications
Present.

Judy Sparrow – Office of the National Coordinator – Executive Director
Nancy Orvis?

Eric Strom – DoD Military Health System – Program Management Support
This is Eric Strom attending for her.

Judy Sparrow – Office of the National Coordinator – Executive Director
Thank you. Wes Rishel? Cris Ross?

Cris Ross – MinuteClinic – CIO
I'm here.

Judy Sparrow – Office of the National Coordinator – Executive Director
David McCallie?

David McCallie – Cerner Corporation – Vice President of Medical Informatics
Present.

Judy Sparrow – Office of the National Coordinator – Executive Director
Did I leave anybody off?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
This is Carol Diamond. I just joined.

Judy Sparrow – Office of the National Coordinator – Executive Director
Thank you. I'll turn it over to Aneesh.

Aneesh Chopra – White House – CTO
Thank you very much. Actually, this is a great time to turn it back over to Liz. We had a pretty thoughtful conversation last week where we synthesized a lot of what we heard at the hearing. Liz presented this, in my absence, to the full committee, and would love to turn it over to her about some of the next steps that will take place here, specifically around a summary of the materials she presented. And, more importantly, the way we're going to filter this through Cris' blog activities and to make sure that we've got a community built around it.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Great. I think that the first thing is in terms of getting back. I think we got the message across clearly around interoperability and our need for clear standards, so I'd like to talk about that one first in terms of does the committee believe, the workgroup believe that we, as a workgroup, have more work around that particular next step. We certainly heard from NHIN and other – we got an acknowledgement that that needs to happen.

John Halamka – Harvard Medical School – Chief Information Officer
Sure. This is John. I'll be happy to take an initial answer to that. Let's break it down into content, vocabulary, and transmission standards. On the content side, it's certainly the case that we have recommended specific implementation guidance to serve as a floor for every one of the standards in the IFR, and we know that there's some debate about how to do this and that ONC is seeking legal opinion as to how we should move forward on the content standard specificity. Once we get that guidance, absolutely we should work to insure implementation guidance is available in a hopefully public resource that anyone could download to discover how to implement HL-7 2.5.1 transaction, for example.

On the vocabulary side, there's a whole body of work that Jamie is leading on making the vocabulary and code sets available in a convenient spot. And we, of course, do have work in figuring out how we develop a posting framework for all that material. On transmission, there are NHIN Direct activities and others trying to create open source reference implementations for simple transmission of data from place-to-place. So I think there are three workstreams that are contributing to answer that particular need you've identified.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Well … and probably, and Linda was saying this morning, I have a tendency to cut to the chase. I think the clear theme throughout that, John, is the how. How do you do it, and then what do we post out there so that the participants in our work are able to actually get the work done? Aneesh, if we captured those three streams, and I'm not someplace where I can catch them right this minute, so if somebody else, Judy Sparrow, if you will just capture those three streams, and then we can delineate sort of the steps based on the timing of when the content will be available for us.

John Halamka – Harvard Medical School – Chief Information Officer
Wouldn't it be wonderful if there was a Web page that said here is the IFR and here's an exchange requirement sending data to public health? Click here for the implementation guide. Click here for the vocabulary you need. Click here for the code to send it to your local public health agency. That'd be great.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
It would be great. And I think, Aneesh, that really, and I don't want to skip to the … but I think what John is talking about and what our whole team has been talking about is really the essence of what – if I didn't get anything else out of the next few minutes, I would want us to determine how we're going to actually get the click here ability done. As we introduce the concepts that we needed a way of gathering all those sort of how documents, and posting them out, and then having that ability to click into just what you needed, not to scan sort of the general, complete set of information, but specifically how do I do this particular transmission.

And we're thinking in terms of cataloging and referencing and cross-referencing, but it's going to take at least a person, if not more than one person in the ONC to do that, and we were looking for some guidance on how we translate that next step, and what John just described around interoperability into a true working model with somebody that was making it happen because the workgroup, certainly we can set up a conceptual framework and talk about how the pieces and parts look from a description perspective, but actually making it happen is what we're looking for. Can you give us some guidance there?

Aneesh Chopra – White House – CTO
Let me put this into a couple of ways of thinking about this. I think the first point is exactly … is engage the public in a manner focused on, I guess, for lack of a better term, where would folks like to see us

provide recommendations to the ONC on the how? And I think we've done that first pass, so version one is, can the workgroup itself serve as a kind of interim … quick, you know, gathering information to create this. I think we've sort of done that in our strategy around the blog as a simple, quick tool to try to organize some of this. Again, this is a voluntary committee that doesn't have a lot of dedicated resources, so taking advantage of the point of let's put a modest resource in place, a place where people could share that kind of information with one another. That's category A.

Category B is recommendations that the full committee would consider in communicating with the ONC. Here, frankly, John Halamka … you're not racing in between meetings, but the notion that the full committee might consider a statement or two or three over to the ONC that says, look. We gave you input on a specific content detail in the IFR. We've given you memos on kind of general themes. The question is whether there's a memo that is transmitted over that reflects this notion that, as a matter of operations, we should stand up some kind of how. I don't know if it's a portal or a framework or a methodology, so the second goal is whether this committee would like to recommend that there be some formal request of the ONC to stand up a more thoughtful operating entity that exceeds what obviously we would be doing as a voluntary body.

Then the third thing is the question about how this group might engage to do more of enabling community-to-community conversations. You recall, Liz, at one of the testimony. We heard notions of vendors wanting to come together to engage on how they could be supportive in this area. Again, the question is to the committee how might we do that using the tools of the committee. Is there another hearing to be scheduled at some point in the future that gets at those kinds of questions? Is there a set of activities on the blog that might kind of call for that? Or, again, is that part of that middle layer, which is advise the ONC to convene and so forth and so on? Those are the general policy tools that I would suggest that we, as a committee, could evaluate and, frankly, would love to get this group's input on what makes sense.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Aneesh, this is Carol. I wasn't at the meeting last week, but just listening to this, I guess the one question I would have is how does what we're discussing, including the implementation guides and some of the work that needs to be done, how does that dovetail or intersect with what I understand to be the work on the NHIN? I mean, it seems to me like there's certainly a lot of commonality in the objective of what folks are expressing needs to be achieved, and I'm just wondering whether or not I'm missing.

Aneesh Chopra – White House – CTO
No. In fact, that is a perfect way of describing the A to B. The NHIN work in general is an operating division within the ONC. It is a service and a capability set that the ONC has supported. In a sense, we heard testimony on how the NHIN is evolving and how it's expanding in its capability set. My point in the middle layer, Carol, about providing advice, is basically that, which is if this body, given what we've heard during the hearing, and our synthesis of that information with what we're doing in general would like to make suggestions on how that effort incorporates some of this, they are the "operating unit" that is putting together a lot of the on-the-ground materials that we're describing here. In a sense, guidance from this committee, given what we've heard in testimony, would essentially be passed through the ONC into. It would be obvious to me, at least, the NHIN team to make sure that they're working on the issues that this body feels are worth them working on.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
That makes sense.

Aneesh Chopra – White House – CTO

I see this as sort of an advisory effort that gives input to the ONC, and part of that input is how do we incorporate the request from folks to understand the how and the current operating model for supporting the how in part is the work that's done at the NHIN. Did I confuse more, or was that simpler?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
No, that's very helpful. I was making that connection, but I guess I didn't hear it the first time you described it, so that's great.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy
This is Jamie. If I can chime in here because I think there's an existing download capability for some of the specifications that we're talking about that is the NHIN site that ONC has today. So it may be that we need more pointers to that, but certainly the lab results specifications, the health summary specification, and the existing exchange specifications that work with the Connect gateway specs, those are all downloadable today. I think that as these new specifications for direct transport become available, I would suggest they should just be added to that existing download site. Then, at the same time, the other specs that John Halamka mentioned, the implementation guide for, for example, public health reporting and immunization reporting, those things can also be added to that site. Why not use what's there because it already has some of the specs?

Aneesh Chopra – White House – CTO
Yes. Jamie, just to chime in for one brief second, I think the whole purpose of the hearing and the work we're doing is to try to – so technically speaking, we have all of these materials, and I think the reason we asked for the testimony is to figure out whether or not that is actually translating on the ground to what the front line providers are engaged in. My presumption is, simply pointing out to those existing things was in part what we did in the hearing. We got a lot of folks to provide testimony at the federal level, what they're doing, and where those resources are available.

The gap and the unknown to me is whether that's sufficient to answering the question of how. That gap is where I thought the feedback from this body could be helpful in its communication. We're kind of roughly saying the same thing. It's just a matter of whether the current state of information is sufficient to address the questions we heard in testimony. Again, that's the purpose of us having these conversations.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy
Yes. What I'm suggesting is that the current information that's made available in terms of the implementation specification to tell us how is incomplete. I mean, it's not all in one place. It's not convenient, but I'm suggesting that that existing site could be made more complete and more useful.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
You know, Jamie, saying that, you're saying exactly what we're saying. I think, as a workgroup that is sort of how we get from point A to point B. I think content is coming along, but the usability and the ability to navigate that as a novice from a hospital or eligible provider out in the United States is, I think … because I certainly didn't draw attention, and I don't think any of us drew a sense from those testifying, and certainly not as much was available even during the testimony as is available today. But that they had this clear understanding that there was a play they could go, and they could say, here's the meaningful use standard that I want to accomplish, and this is how I click through this body of knowledge and determine what to do.

Cris Ross – MinuteClinic – CIO
This is Cris. We've got, in the materials that were sent out, a mockup of revision to the blog that could serve as a homepage to point out in different directions if that's something that we want to take a look at.

John Halamka – Harvard Medical School – Chief Information Officer
This is John. I'm going to call right back in. I just have to run into my office. Be right back.

Aneesh Chopra – White House – CTO
Cris, that was terrific. Maybe we should have a conversation about it. Let me make one broad observation one last time and then I'll be quiet and let you all continue the conversation. What I want to be mindful of is a distinction between what I would call a fully production how-to support material resource, which may or may not require a kind of cleaning up of the overall NHIN site, as Jamie just described, as one potential category. I'd almost look at these as sort of a short-term, how this committee is using emerging technologies to kind of engage with those that we're advocating on behalf of and, more importantly, gathering the input from.

Having a resource section, as Cris described on the blog, is a terrific thing we can turn on quickly, easily, post what we've already got, and then the separate question of whether we make recommendations on the need for something a little bit more structured and a little bit more formalized, if you will, is just a debating conversation to be had. It may be this body comes to the conclusion that we don't really need to have a formal how-to page, if you will, and our ad hoc, modest sort of blog initiated resources section is sufficient. But I think that's really the question for this group is where is the right balance of resources and recommendations, given what we've heard? Is this a big enough issue that requires more attention? If so, what's the best way to give that feedback to David and the team?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
I would certainly chime in at this point and then hope others would as well. For the latter description that you did, Aneesh, I would prefer that we … formalize…. And I have no problem with it launching from the blog. That's not my quandary, except that we make sure that people … going to a blog to get the kind of information. But I think people are looking for clear, simple, how answers. What do other people think?

Judy Murphy – Aurora Healthcare – Vice President of Applications
Yes, this is Judy Murphy. I'd agree. I think, as we've been talking about this, one of the dilemmas that we've got with all the existing resources is that they're not coordinated and indexed. So you go to this site for that, and you go to this site for that, and NIST has this, and HHS has that. It's not in a way that the person who is not following this closely and spending a lot of time keeping things straight can easily get at the resources.

If we have one group of individuals that took this all and harmonized it all and indexed it and organized it and helped the world figure out what resources were all available, I think that's what we need to do. Again, in the interim, if we just rampantly post stuff, I guess that's fine. But I think what we really need is to organize it, index it, as John Halamka was talking about earlier in today's discussion.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy
This is Jamie. I just could not agree with you more. This sounds an awful lot like the conversation we had in the last committee meeting about the need for librarian functions.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Right. That's actually, Aneesh, in your absence, that's actually what I asked David for. And not in a formalized way, but just to try and stimulate, as representatives from our workgroup, that thinking that this is really a process where I could, you know, find things easily to the specificity of if I'm trying to solve a specific criteria for meeting meaningful use, I could deep dive into that and not all the other implementation guidelines around that.

Aneesh Chopra – White House – CTO
That librarian metaphor is elegant and compelling. Very well done. Touché.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
This is David. I agree as well. We had a little experience internal here over the last couple of days at Cerner where the question came up of allergy codes, and I think, as most of you know, it's one of the nastiest areas of imprecision. But several different groups inside Cerner working on this all came up with different resources that they found that had inconsistent language and inconsistent recommendations ranging from HITSP documentation to HL-7 documentation to FDA documentation to John Halamka's blog. It was kind of a mess to try to figure out what was the right way to plan for building a code set that would work all the way through 2013.

They all came to me, and I couldn't really help them either other than to send private e-mails to the people on the committee. And if we're struggling, I can't imagine what other people are doing. We need something that's authoritative too.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Right. It really plays to at least two of the kind of next steps that we had. One was providing this sort of indexed resource, cross-reference, etc. implementation guide, but it also plays into the concern that we heard expressed consistently about clarity and understanding what to do. I mean, it simply answers the question. It acknowledges the clarity is not sufficient in the minds of the people that are trying to implement, and here is a potential solution to that issue.

Linda Fischetti – VHA – Chief Health Informatics Officer
This is Linda Fischetti, and I've been a little bit quiet on this issue, but I'd like to sort of push the edge on it just a little bit more. We're talking about government role here in terms of getting transparency and organization to government resources, and we looked at right now the conversation is limited to just being able to index and find existing documents and existing resources. Very quickly we will have regional extension centers that are putting out some pretty top-drawer activity, content for people to use. We'll have the state HIEs that are putting out excellent educational information and direction. I think that we really need to talk about what is the government's role to make this a persistent activity, to do some coordination, to set up social media tools in such a way that the crowd, the users can go, which content is better, and which content is worse, so that as people come in, they'll be able to quickly not only search for their topic and find the existing content, but also to get public opinion on what's most useful.

I also think that we should probably make a suggestion, since … committee can really do, is that somebody in the government has to have … on them for not only indexing available things, not only tracking new materials, as they become available, but also doing a gap analysis of what's not out there, what the implementer communities still really need that they're not currently getting. My apologies. I do need to drop off this call at 30 minutes in, so I'll be gone in 5 minutes.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Great suggestion, particularly on the gap analysis because that is – so, Linda, am I hearing yes, the government can take control on this? Are you concerned that this should be a private sector activity?

Linda Fischetti – VHA – Chief Health Informatics Officer
No, I think the government could take a leadership role. I don't think the government has to do it. I think that they could certainly contract out somebody to do it. But I think that in the next two years, the government will pay for a massive generation of new materials through the grants that are going out right

now. It's already started, to put it mildly, and it's those materials that the government has paid for the creation for it through their grants that should be available to everyone. So if there's one state HIE that's putting out top-drawer content, the everybody should have access to that, and we should be able to crowd source the voting of whether that content is useful or not.

I think there are ways to do it that it doesn't become a heavy process by using social media tooling to be able to fund resources that are needed. But I do think that somebody needs to wake up in the morning thinking about how are we going to gather these new materials. How are we going to make them available for all the implementers? And if we don't take that opportunity to make that recommendation, then our current recommendation related to just indexing what's currently available will go buy in five minutes and … opportunity that comes in the future.

Cris Ross – MinuteClinic – CIO
This is Cris again, and I need to leave at the top of the hour. I completely agree with what Linda is saying, and I think, you know, to get someone to – rather than us trying to design in a workgroup, to have someone come up with some potential designs. I've been working with the staff around trying to improve what we can do with the blog materials and what we have is a draft that was submitted earlier today. It still has the social media stuff that Linda was talking about, the ability to have a blog post, and then commentary. It also has a small section called resources that would obviously be the place you would link to whatever the librarian capability is.

I don't know if you make the library at the center and let people comment on it, sort of like Torah and Talmud, or do you have one library that's clean and pristine, and then a commentary next to it, and other people are smarter at that sort of thing. But I think the thing that Linda pointed out is exactly right, to have definitive source, but then also the ability for people to comment and say, this is not sufficient for me. I'm missing something. Here's a resource that I'd like to submit. I'm in the private sector. I'm in an HIE. I'm in whatever. It's going to be pretty crucial, but it does need to be some sort of mix of government sponsored and administered and private and nonprofit, independent activity.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
With all that kind of activity going on, Cris, and obviously somebody has to be, like Linda, also, you said or someone said, has to be monitoring the activity so that we're insuring that if there's for example, something posted out there that turns out not to be a good idea, that immediately that gets a response or at least gets an evaluation.

Suniti Ponkshe - IBM Global Services - Associate Partner
Liz and Aneesh, this is Suniti from ONC. As I'm going back to the librarian and the repository discussion earlier, one of the RSPs that is out will be awarded soon that's part of the standards and interoperability framework does focus on tools and repositories. If this recommendation comes through this taskforce, that could be one of the things about the repository. It is going to be looking at the tools, implementation guides, and standards, etc. So that could be fed into that work.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Wow. That sounds like that could be at least a beginning. I mean, in terms of that RFP or RFI that's out there, how soon is that anticipated to be awarded?

Suniti Ponkshe - IBM Global Services - Associate Partner
It's supposed to be awarded soon. However, there is enough kind of general description in there that talks about a repository of tools, and implementation stacks could be one of the tools. So if this taskforce makes this recommendation, that would be incorporated into that framework.

John Halamka – Harvard Medical School – Chief Information Officer
Let me just read the two sentences of that RFP that summarize it. "To accelerate the development, use, maintenance, and adoption of interoperability standards across the industry and to spur innovation, ONC will develop tools to facilitate the entire standards lifecycle and maximize reuse of concepts and components, including tools and repositories for browsing, selecting, and implementing appropriate standards.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
John, in reading that from the RFP, do you think that is limited to interoperability, or can it be expanded?

John Halamka – Harvard Medical School – Chief Information Officer
Having not seen the actual full RFP on this one, ONC, any comments you would make on the scope of that particular RFP?

Suniti Ponkshe - IBM Global Services - Associate Partner
John, this is Suniti again. The scope really is on the interoperability framework, standards and interoperability framework that Doug presented the other day.

John Halamka – Harvard Medical School – Chief Information Officer
Got it. But I would imagine though, Jamie, you've been working on tools for vocabulary hosting, for example, and I would think that, as worded, this would subsume the incorporation of whatever tools or repositories are being developed that will make promulgation of vocabularies and content standards easier for our users.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy
Yes, I think that's probably right. But I also just want to point out that the vocabulary value sets and subsets that we're really focused on for that work has to do with both general purpose, electronic health record system … but also the quality and performance reporting in particular. A lot of the other vocabulary that's needed for public health or immunizations or lab resulting or any other purposes essentially in those particular implementation guides that already exist, so there's actually less work there than some folks had thought.

John Halamka – Harvard Medical School – Chief Information Officer
I think the good news here is that there are a lot of resources that are out there, and it's just a question of consolidating them into the right tools to make them easily navigatable, and there may be some intellectual property issues that we would have to work through, but I think per the discussion of this call, is it something that this committee can do on their own, or is it in partnership with whoever is awarded that RFP that we generate this new site and its maintenance. If we would learn more about the RFP, it would be helpful, but it certainly sounds like those resources that Aneesh has suggested that we request ONC maybe be fulfilled by the contractor who gets this RFP.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
We took advantage of that award, and expanded, and like you, John … the synopsis you gave sounds on point maybe too specifically to interoperability, but conceptually exactly the right thing. And then kind of the detail around the way that that information would be accessible or assessed could be recommendations coming out of this committee because obviously what's not going to be in sort of a general overstatement of what is required, the details about then once that's assembled, how do you navigate that entire body of knowledge, and you wouldn't expect it to be in the summary statement.

John Halamka – Harvard Medical School – Chief Information Officer
Right. This sounds to me like this committee, being a federal advisory committee and its workgroup, would work to advise that particular contractor that we may achieve the goals that we're trying to.

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect
This is Anne. I have a question. In the meeting last week, it was brought up that we may be tied to have to express best standards in law. Is that a concern in regard to some of the specifications that we're trying to express, or has any progress been made on whether we have to express our standards in law or not? Do you know what I'm talking about?

John Halamka – Harvard Medical School – Chief Information Officer
Right.

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect
That was a big bomb for me in there. It was a big, hey, wait and see. You may not be able to do what you want to do.

John Halamka – Harvard Medical School – Chief Information Officer
And so we're waiting for clarification from ONC folks. Has there been any legal guidance as to whether it is permissible to enable guidance to evolve outside of regulation.

Suniti Ponkshe - IBM Global Services - Associate Partner
Well, not at that time, this time, and I don't think Jodi is on the call today. She's out of the office, so not at this time.

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect
Isn't that a critical path?

Suniti Ponkshe - IBM Global Services - Associate Partner
Yes, and we'll follow up with Jodi.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Certainly another one of the recommendations that came out of the group … next steps was around FAQs, and it certainly came out … that the concept … I heard was the concept that we could give general, but not specific … statements in FAQs because of the position of the office in making those kinds of answers. Same thing you heard, Anne?

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect
Yes, but I wasn't really talking about the FAQ conversation. I was talking more about where I think we want to go if we're able to create a Web site where it's a one-stop-shopping, but that it gets into a deeper level of answering the how.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Right.

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect
That's not in a question/answer format, I was thinking. I was thinking that was more in a, here's an example of acceptable specifications for….

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

Right. One of the things we had talked about and kind of back to ONC is we had asked if we gave two or three options, does that soften it enough. Again, we have to….

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect
Okay. I just wanted to put that back on the table because I don't think Aneesh was there to hear that.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Right.

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect
I am totally happy about this possibility of using this RFI or RFP process. I think we should recommend, definitely recommend that we influence the scope of what that document should be based on our experiences in the hearings.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Yes, I agree. I think the only concern I have is the limitation to interoperability.

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect
Well, you know, I can make interoperability be every topic we ever talked about because if you don't have vocabulary, if you don't have specifications, if you don't have common formats, how do you have interoperability?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
I agree, as long as the person who is answering the RFP understands that definition. Aneesh, in terms of sort of, we've explored, at least to some extent, what we're really looking for in terms of guidelines and discovery the potential adjunct that we could take advantage of to make this happen. We're waiting on the clarification back from Jodi/ONC about where we might be limited in giving out specific implementation guides, and that being interpretative or not as being law or law like kind of advice. You want to respond to that?

W
Aneesh stepped out for just a moment, but he will be right back.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Okay.

John Halamka – Harvard Medical School – Chief Information Officer
Actually, maybe this is, again, another Jodi question, but is there anything wrong with providing resources on a Web site that aren't necessarily regulation?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
That's a great question.

Judy Sparrow – Office of the National Coordinator – Executive Director
Yes, and I'll follow up with Jodi. This would be the FACA Web site, so it's a little bit different than ONC.

John Halamka – Harvard Medical School – Chief Information Officer
Right, so this isn't David Blumenthal saying though shall. This is an advisory committee saying we think these may be helpful.

Judy Sparrow – Office of the National Coordinator – Executive Director
Right, so we'll double-check all that.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Yes. That's a great point, John. That might be very helpful to begin to accomplish what people are needing, although interestingly, in the conversation, and almost a recurring theme is this, just tell us what to do. And, you know, I think that if there is an expectation that there's going to be a single definitive answer that we may want to educate the public about many answers that accomplish the same outcome.

John Halamka – Harvard Medical School – Chief Information Officer
Right. I think one question for Jamie, if we want to get as specific to publish implementation guidance such as the HL-7 2.5.1 laboratory guide, are there intellectual property issues or licensing issues raised in doing that?

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy
That's a great question. I don't have an answer for it.

John Halamka – Harvard Medical School – Chief Information Officer
I think that ONC, and I'm happy to check with Chuck Jaffey or others, as the committee decides what it wants to publish. One of the frustrations we had at HITSP is that we would only publish an implementation guide with pointers to the actual intellectual property, which became an indirection nightmare, and was very frustrating. So I would love to do what, for example, SSA did, which is thoughtfully they took the standard from the SDO and code examples showing you for every, oh, here's a problem list. Here's, by the way, what the XML looks like. Here's some guidance and pointers for every field, and published a single PDF for the patient summary that incorporates everything you need.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Yes, that would be – Judy, will you capture that question as well?

John Halamka – Harvard Medical School – Chief Information Officer
Just for interest, Judy, because I don't think anyone would mind, I'm going to send you two examples: one, what HITSP published because that was sort of the limit of what it could do, which is useful; and then what SSA published, and you can see the difference for the average implementer.

Judy Sparrow – Office of the National Coordinator – Executive Director
Great. Thank you.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy
This came up in spades in our public hearing on vocabulary last week where we had a lot of witnesses who said, basically, solved the licensing problem, and that has to do with CPT and other vocabulary requirements. So you're making … solve the licensing….

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Yes, good point because I remember you mentioning SNOMED as well.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy
SNOMED, basically SNOMED has the model that people want. It's just that the federal government might….

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Exactly, so do it across the board. Another one of our – if people are comfortable that we've at least got some concepts around the table that we need to get some clarification from legal and ONC, another one of the concepts that we talked about … Aneesh earlier was the concept of having this electronic health record vendor summit. Earlier, Aneesh brought this up in terms of doing a hearing versus a summit, and I'd like the group. The idea would be to facilitate. The idea is between these. We had asked that the private sector not be the facilitator of this, in order words, not have, for example, Cerner inviting other vendors to a summit, the purpose being in asking the government to do it or some organization that didn't have a competitive issue involved in it, so we could get a free, open forum where we could really discuss how we could come together and be more collaborative. David, this might be a particularly appropriate area for you to speak on considering you're from one of those companies. And the idea really came from Cerner.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
Yes, it came from—

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Yes, Mike Valentine is the one who came up with this concept. Originally, he was talking about the need to have a more collaborative arena in terms of HIE or moving information from one vendor at a provider site to another vendor at a provider site. Did it really take a middleman, and where there other things that the vendors could collaborate on?   That was sort of the etiology of the whole kind of beginning of this discussion.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
Yes, and I have not talked with Mike about that to find out exactly what he had in mind. I think, I mean, my personal, and I'll speak for myself, maybe not for Cerner in this mode, is that the implementation details that have to do with interoperability that the stuff we've been talking about in this call so far are the areas where we need help. We, the vendors, need help because it's what's between us that is where we can mess up. We understand how to build our own system. Each vendor has obviously different ways of doing that.

I don't know that there's a lot to be gained from us sharing how we build problem lists, vocabularies with another vendor, but there is absolutely a requirement that we understand what vocabulary code sets go back and forth between us. It still seems to me that the biggest gap is around that interoperability space. And I think, if vendors hosting something to help address those issues is useful, then that's something we should do. I'm not sure it is. I think answering some of these questions that are already on the table is a more useful way to do that, but I don't know. That's just a personal opinion.

I'd be happy to go get more feedback from Mike Valentine and see what he'd like to propose. I, unfortunately, didn't come with that prepared.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
That's fine. Why don't you do that because I think that in the strategic and CIO council meeting earlier or actually the end of last year, we had that discussion … had to do as much with interoperability as it did with the ability of vendors to work together. Again, I think the, and I don't know that it could be accomplished in this kind of environment or not. I think that, as the consumers were saying, that just as you were caught trying to transmit data between vendors, they're caught in a world where they have a vendor or another vendor, but they're responsible for that information being passed between the two of you. So you want to go back to Mike and explore that concept further?

David McCallie – Cerner Corporation – Vice President of Medical Informatics
Yes, sure. I'd be happy to do that. I think some of the concerns that are being addressed by the NHIN Direct work lay behind some of the stuff he was talking about.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
And you may be right.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
We were concerned that if interoperability or the ability to do care coordination and to copy data from provider to consumer required the presence of a robust HIE in every region and complete agreement on which HIE has got, you know, to play that role for every user, that was, to us, pretty problematic, not going to happen in 2011 timeframe.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Right.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
We had had, internally, a number of discussions prior to the NHIN Direct effort based on the simple interop blog posts about getting together a bunch of EMR vendors to sort of settle out how we would do direct messaging. We were literally about to start that process when the NHIN Direct announcement was made, so we've backed off from pushing hard on a kind of vendor-to-vendor solution in hopes that the NHIN Direct gives us an open way to do that. Our proposal, by the way, had been to use completely open standards. It wasn't going to be proprietary. But rather than do it with six vendors in a room, it's better to do it through NHIN Direct, if in fact that actually evolves to something that is easy to implement, which remains to be seen, but it's promising so far. I think NHIN Direct addresses some of the concerns that led to Mike's statement. But I'll be happy to make sure I'm not missing something else.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
No, I think you're right because, as a group, as we were talking about it, as a group of CIOs, we were talking about how are we actually going to do that because most of us don't play in a pure, any particular vendor world. Most of us, even within our own organizations, have more than one vendor at play, so I think that is exactly what it is trying to do. But let's just … is there any other reason from the group's perspective to get the electronic health record vendors together? Is there other benefit to get from that? One of the things we've tried to do is to take from them or to ask them for their guidelines and so on to sort of go back to the original discussion about trying to provide persons who implement these guidelines the most simple way to get to the how.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
This is Carol. My sense is that that's not something that you can tightly orchestrate. I think many of the things we've been discussing today are going to provide forums and opportunities for them to get together, but I don't know that this group or the government should necessarily try to tightly orchestrate which vendors and what they work on and how they work on it. I think it's much better to sort of create a set of requirements and needs and opportunities and forums in which to meet them than to make a formal vendor group part of a tightly orchestrated process.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
I would agree. I think what we attempted in our hearing was to hear from the vendors and what they were doing, and I think, like David … they provide the solutions that's the most pressing and the least proprietary for the vendors. Anyone else want to weigh in on that because really, based on what I'm hearing, I would say, for the time being, we would table the vendor summit concept provided that NHIN is

able to provide what they think they will, and that there's not another pressing platform with which we'd need to convene that forum.

Judy Murphy – Aurora Healthcare – Vice President of Applications
This is Judy Murphy. Yes, I'm tending to think we could hold on that one. I think the issues that we're each going to have probably are not going to be resolved by overall, generic discussion, but by more targeted, specific discussion.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Yes, I agree. Hearing … if Aneesh doesn't join back, I will communicate….

Aneesh Chopra – White House – CTO
I'm back. I think that's a terrific output of where we are there.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Great. We have, while you were – I'm not sure which part of this … Aneesh, but I think what we've come to is we need some more clarification, some legal on several issues, and we've provided those to Judy. We have – there is an RFP out that may provide us with resources that could help us accumulate, index, and so on the resources that we want to be able to share through the implementation. I know that Cris is working with the ONC to continue, and I agree with Aneesh. The page that you sent out this morning is … expecting tremendous progress on that, so that we're moving forward on that. And I think, really, Aneesh, as we continue, and if we can get outside the box in terms of the legal limitations as to who is posting the information and creating an environment where we can actually provide to the public the ability to understand and get to the right resource, that would be a tremendous achievement by this workgroup.

Aneesh Chopra – White House – CTO
This is a lot of extra work we all have contributed, and I guess I should begin by saying thank you because I think this is the spirit of it. We don't need to wait for some perfect initiative to get some basic dialog going on how we make this easier and more likely to be adopted sooner. All to say, what you've just summarized, Liz, is pretty compelling to me in terms of next steps. Have we all gotten that feedback? Anne Castro, I didn't hear you say much on that piece.

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect
I chirped up a little bit earlier, but I'm really liking the direction of the conversation, so I'm very supportive.

Cris Ross – MinuteClinic – CIO
This is Cris chiming in just the last time around, blog activity, I thought the thing that was most interesting was what's going to happen with this RFP that might serve as a librarian function. I guess my thought is that we ought to continue to work with ONC staff to refine and modify what we're doing in this blog to continue to have input and dialog. When we get further with the RFP around library functions online, simply change what we're doing to wrap around that. Does anyone disagree with that approach? Because I don't think we should just stop and wait for that to happen. I think we should do something until then.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
No. Cris, I agree with you completely. I mean, you've got momentum going, and I think we ought to keep it going. I particularly like John's concepts around or Carol's or whomever spoke about it, maybe Linda, about the idea that as we put information out there, that we also allow the blog forum so that we can get feedback and information and qualifying kind of look at those documents. That's a very positive,

interactive sort of environment that will improve what we're able to share with people. I think you ought to keep going. I think we all ought to keep going.

Aneesh Chopra – White House – CTO
All right. We're doing well to get this thing moving and done by 10:00. Is there anything else we had on our agenda today, Liz?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
No, I think we've gotten to where, like I said, I think we've identified the information we need back from ONC, and we'll be ready for the next conversation.

Aneesh Chopra – White House – CTO
All right. Judy, should we turn it over to the public?

Judy Sparrow – Office of the National Coordinator – Executive Director
Sure. That's great. Operator, can you check with the public and see if there are any comments?

Aneesh Chopra – White House – CTO
All right. I think our goal in general here is we'll keep shrinking these so we can get them done quick, simple, and easy, and achieve broad consensus and move forward. Amen to everybody. Thank you for your time, and major thank you to Liz for her very, very impressive work to synthesize all of this. Cheers. Hearing anything else, Judy, can we rock and roll?

Judy Sparrow – Office of the National Coordinator – Executive Director
I think that's it.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
All right. Thanks, everybody. Have a good morning.

John Halamka – Harvard Medical School – Chief Information Officer
Thank you.

Aneesh Chopra – White House – CTO
Bye.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Bye.

Public Comment Received During the Meeting

1. You will need conformity assessment suite. The Ada community tried a similar standardization effort, which was a technological triumph and economically disappointing.

2. I'd like to suggest that the "Librarian" role be served by a public RSS feed.

5. What is the status of DICOM as an acceptable standard?

6. I just heard that there are limited resources and this is a voluntary group. Is there anything I can do to help?

8. Have you performed a hazard analysis?

9. Unfortunately, the US Government appears to have insufficient data to objectively establish software metrics.